

Name  
in  
Full

## CERTIFICATE OF DEATH

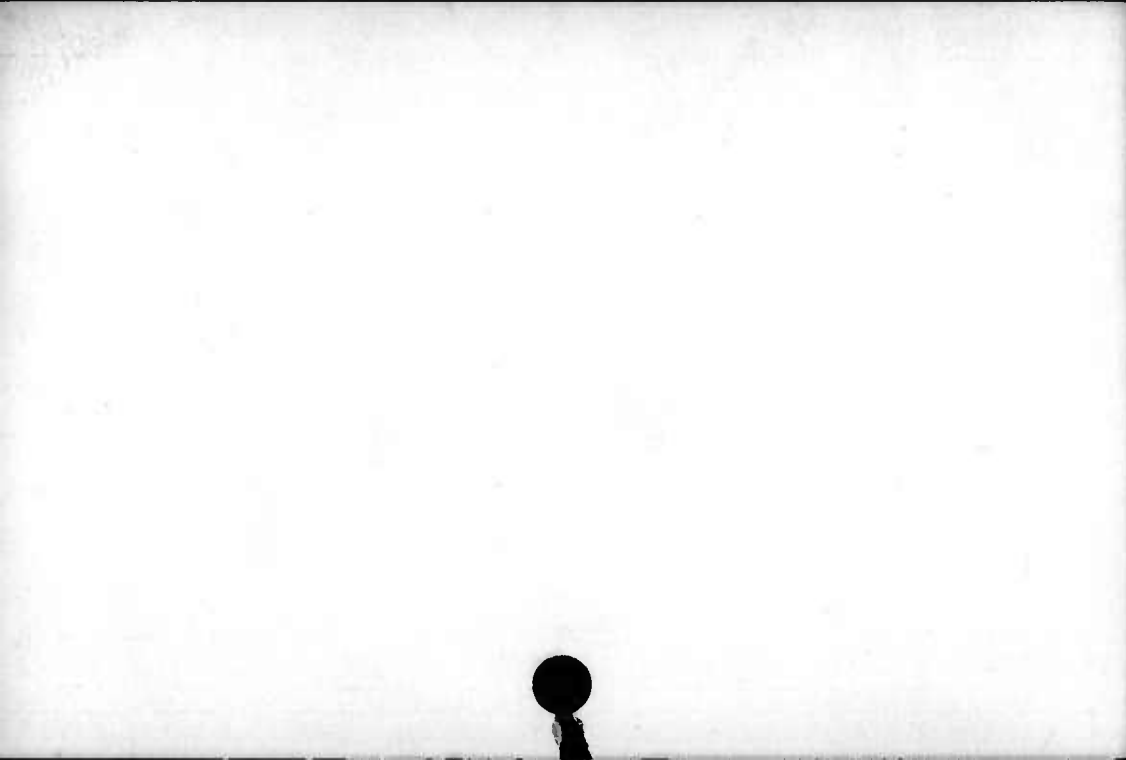
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Caroline Chelton</i>		Town <i>Farmount</i>		County <i>Somerset</i>		MARYLAND	
Died at		Month <i>6</i>		Day <i>14</i>		Years <i>60</i>	
Date of death 190 <i>3</i>						Months <i>60</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Somerset</i>			
Married, Single or Widowed <i>Widow</i>		Occupation					
Name of Wife or Husband <i>Frank Chelton</i>							
Father's Name <i>Wm Holland</i>		Father's Birthplace <i>Somerset</i>					
Mother's Maiden Name <i>D. J. Maddox</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>D. J. Maddox</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Stomach</i>	How long
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>40</i>
	Address
Accident or Suicide?	



Name in Full

Ethel Brown

Certificate of Death

Town *Quinacoma* County *Sevier* MARYLAND

Died at *Quinacoma* *Sevier*

Date 19 *03* Month *June* Day *10* Age *4* Native of *Maryland* Occupation *Infant*

*Male* *White* *Married* *Widow* *Divorced*

*Female* *Colored* *Single* *Widower* Number of children living

Husband of

Wife

Father's Name *Asa J. Day*Mother's Maiden Name *Emma Brown*

Cause of Death { Primary *Infants Cold & Trach* How long sick *Two weeks*

Death { Immediate *—* Accident, Suicide, Homicide

Reported by *Joseph, William A. Brown, Grandfather*

Address *2111 S. Sevier* *Sevier County, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Handy M Dixon -

Died at *Hopewell* <sup>Town</sup> *Somerset* <sup>County</sup>

**MARYLAND**

Date of death 1903 *June* <sup>Month</sup> *20* <sup>Day</sup> Age *44* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup>

Sex *Male* Color or Race *Black* Birth-place *Hopewell*

Married, Single or Widowed *Widower* Occupation *Farmer*

Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name *Julia Thomas* *27* Mother's Birthplace

Name of person giving information *Julia Burke* How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

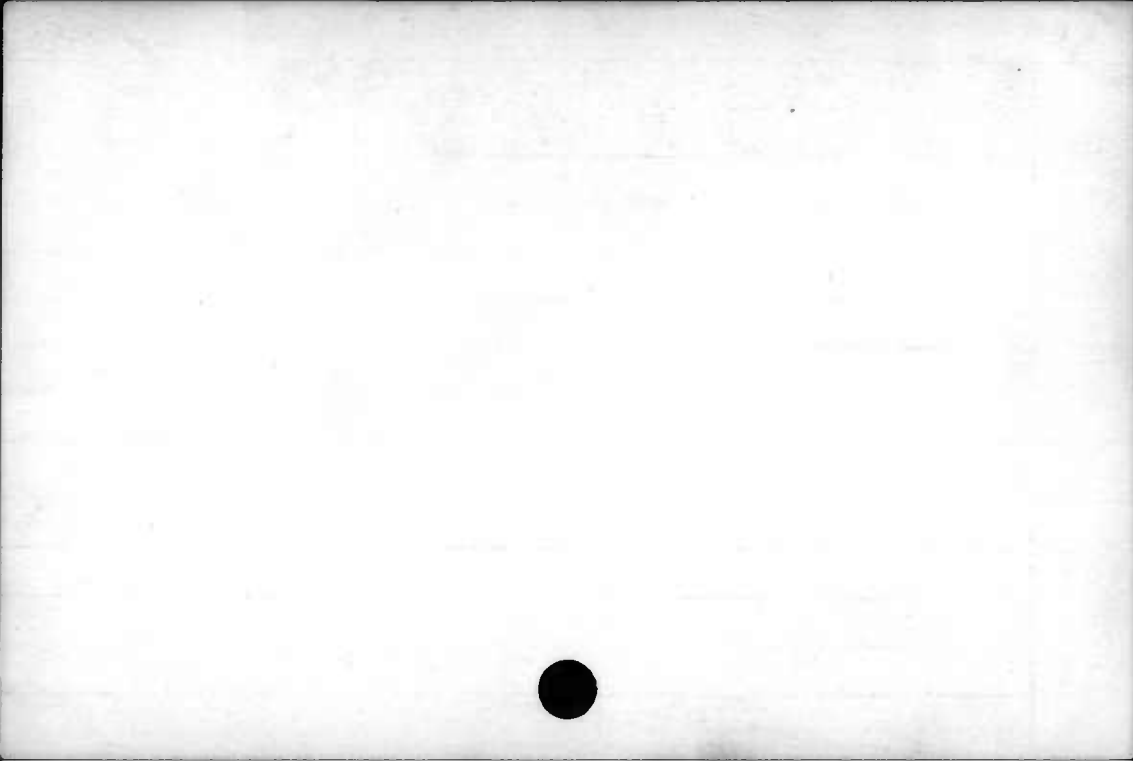
Primary *Pulmonary Tuberculosis* How long *—*

Immediate *Dysentery* How long *3-days -*

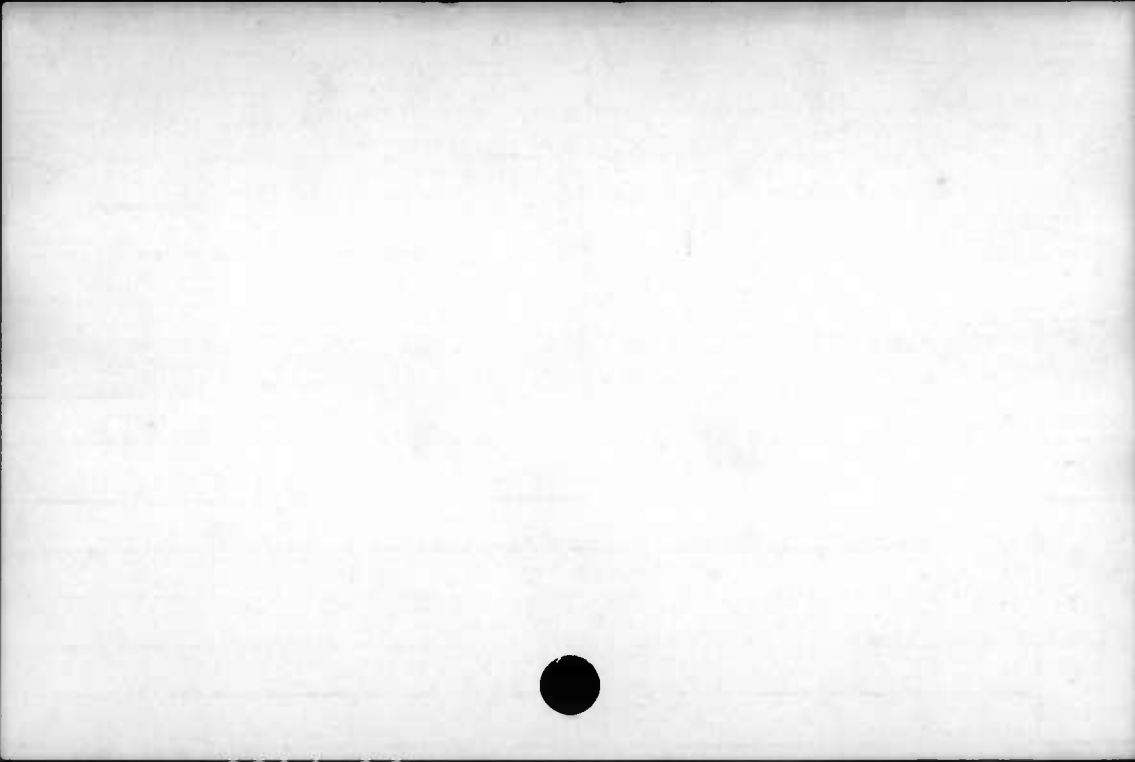
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Wm H. Coulbourn*

Address *Crisfield Md*

Accident or Suicide? *—*



Name in Full <b>Malvina Evans</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Crisfield</b> <small>Town</small>		<b>Somerset</b> <small>County</small>
	Date of death 1903 <b>June</b> <small>Month</small>		<b>15</b> <small>Day</small>
	Age <b>24</b> <small>Years</small>		<b>Months</b>
	Sex <b>Female</b>		Color or Race <b>White</b>
	Married, Single or Widowed <b>Married</b>		Occupation <b>Housewife</b>
	Name of Wife or Husband <b>Edward Evans</b>		Father's Birthplace <b>Md</b>
	Father's Name <b>Lewis Dise</b>		Mother's Birthplace <b>Md</b>
Mother's Maiden Name <b>Maggie Evans</b>		How related to deceased <b>Father</b>	
Name of person giving information <b>Lewis Dise</b>			
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Tuberculosis of Lungs</b>		How long <b>7 months</b>
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>G. T. Simonson</b>
	Accident or Suicide?		Address <b>Crisfield, Md</b>





Name  
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Full

## CERTIFICATE OF DEATH

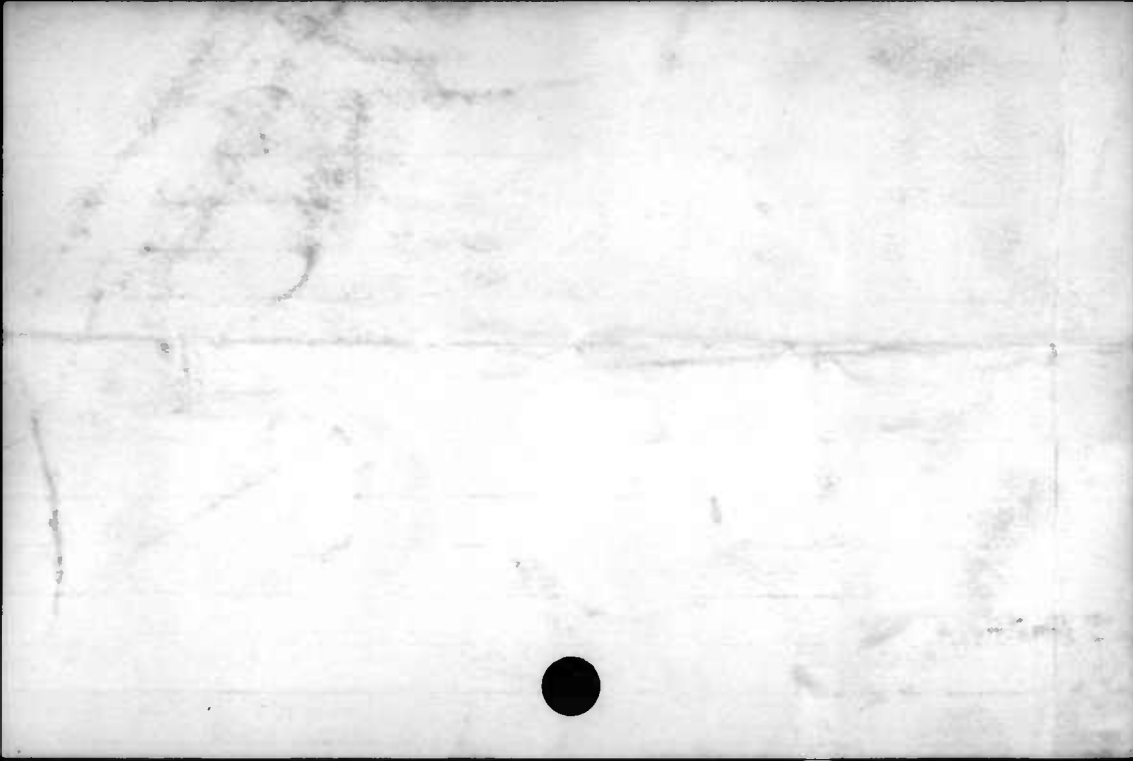
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt. Vernon</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>5</i>	Age <i>76</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mt. Vernon</i>		
Married, Single or Widowed <i>Widowed</i>	Occupation <i>House Keeper</i>				
Name of Wife or Husband <i>James Green</i>					
Father's Name <i>John Livingston</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Annie Lloyd</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long <i>2 years</i>
Immediate <i>Died Diarrhea</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Daniel W. Jones</i>
	Address <i>Prince Georges Md.</i>
Accident or Suicide?	



Name  
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CERTIFICATE OF DEATH

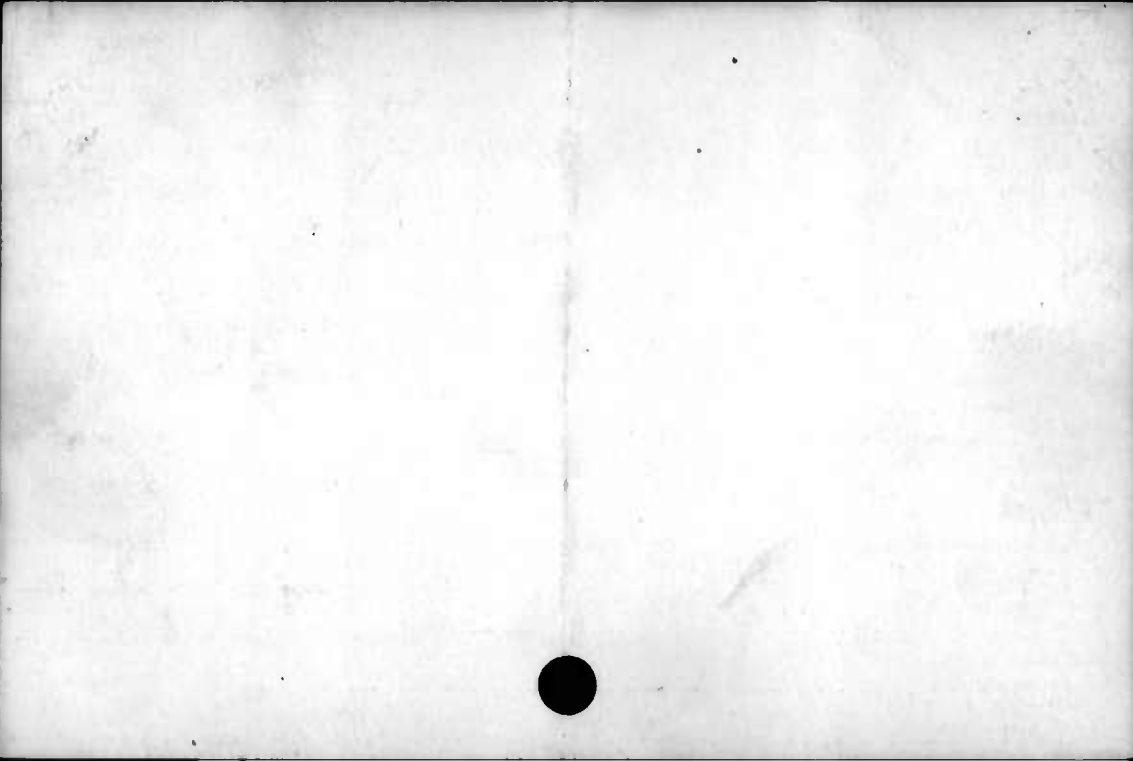
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>John Horsey</i> Town <i>Fairman</i>		County <i>Townsend</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>6</i>	Age <i>4</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Boy</i>	Color or Race <i>Colored</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>-</i>			Occupation <i>-</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>Walter Horsey</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Anna Marshall</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Geo. H. Haco undertaker</i>			How related to deceased <i>yo</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>8</i>	How long <i>For 2 months</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
		
Accident or Suicide?		



Town

Died at Pr. Anne  
Month Day

County

MARYLAND

Date 19 03

Male



Married

Widow

Divorced

Female

Colored

511

W. Lower

Number of children living

4

Husband of

Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

### Cause of

Primary

Nephritis

## Death

Immediate

Deed

How long sick

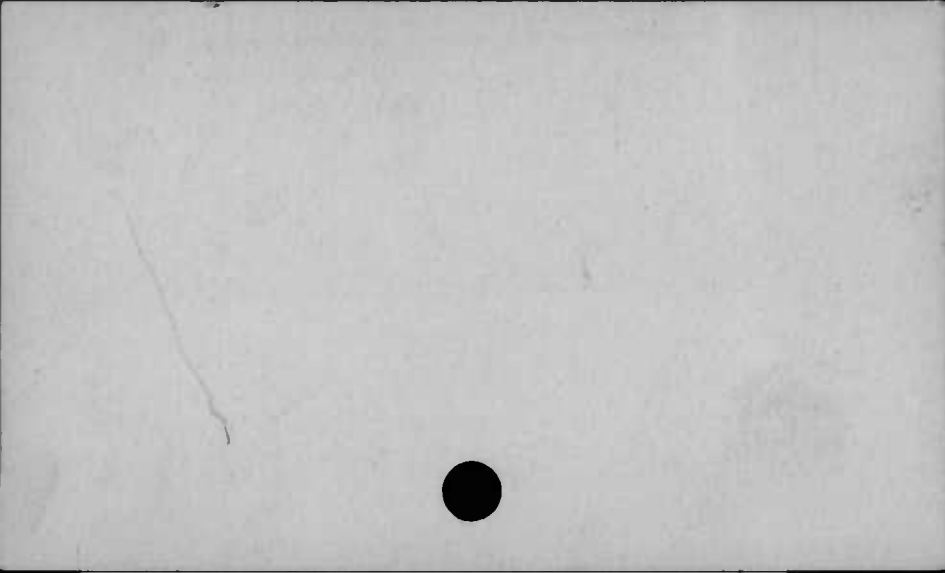
14 Oct

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, ~~if any in attendance, otherwise by coroner, undertaker or minister~~



Julia Jones

Town

County

Died at

MARYLAND

Edrons

Somers Co.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

6 20

Age

18

Md.

Cook

Female

Colored

Single

Widower

~~Never married~~

Husband

of

Wife

Father's

Name

Field Jones

Mother's

Maiden Name

Nancy Jones

Cause of

Primary

Typhoid Fever

How long sick

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

Chas. W. Cunningham

M.D.

Address

Pr Anne Ref

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

*Garrig J. Lankford*  
 Town County

Died at *Kingston* *Somerset* MARYLAND  
 Month Day Y. M. D. Native of Occupation

Date 19 *08* *June* *24* Age *19* *Maryland*  
~~White~~ *Colored* ~~Married~~ *Single* ~~Widow~~ *Widower* ~~Divorced~~  
 Female Number of children living

Husband of  
 Wife

Father's Name *W. Lankford* Mother's Maiden Name *Edythe Dryden*

Cause of Death { Primary *Whooping Cough* Immediate *Dysentery* }  
 How long sick *Seven weeks*  
 Accident, Suicide, Homicide

Reported by *F. A. Adams* *M. D.*  
 Address *Pocomoke City* *Ms*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name  
in  
Full

Minnie M. Bride

## CERTIFICATE OF DEATH

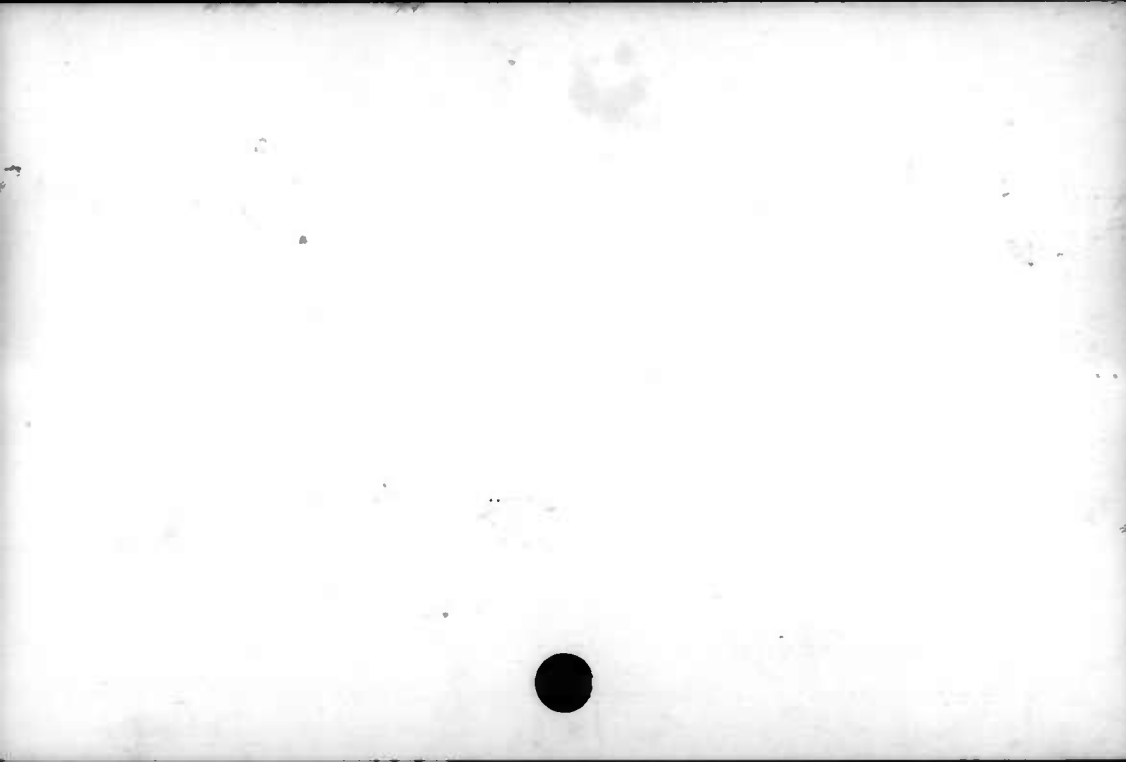
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chance</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>6th</i> Day	Age	<i>1</i> Years	Months <i>18</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Somerset Co.</i>		
Married, Single or Widowed <i>-</i>			Occupation <i>-</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>Washington M. Bride</i>			Father's Birthplace <i>Somerset Co.</i>		
Mother's Maiden Name <i>Letitia Jones</i>			Mother's Birthplace <i>Somerset Co.</i>		
Name of person giving information <i>Washington M. Bride</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hes-Cretin</i>	<i>105</i>	How long <i>2 days</i>
Immediate <i>asthenia</i>		How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. J. Winder M.D.</i>	
	Address <i>Dames Building, Somerset Co., Md.</i>	
Accident or Suicide? <i>-</i>		



Name in Full

Certificate of Death

Leharity Matthews

MARYLAND

Died at Hopewell Town Somerset County  
 Date 1903 Month Jun. Day 27 Age 95  
 Male White Married Widow Native of Maryland Occupation House wife  
 Female Colored Single Widow Number of children living 6

Husband of Robert H. Matthews  
 Wife  
 Father's Name Ballard Boyman Mother's Name Rachel Meligan

Cause of Death { Primary Old age How long sick 3 years  
 Immediate Renal Trouble Accident, Suicide, Homicide

Reported by Reverend J. AdamsAddress 618 1/2 St. N. E. Wash. D. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Mills

Town

County

Died at Cottage Grove Summit

MARYLAND

Date 1903 Jan 24

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Age still born

Male

White

Married

Widow

Diversed

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name Sidney Mills

Mother's

Maiden Name Leah Maddox

Cause of

Primary

Diseased

How long sick

Death

Immediate

Diseased

Accident, Suicide, Homicide

Reported by

F. Adams M.D.

Address

Proctor City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70803





Name  
in  
Full

Luraine Muir

## CERTIFICATE OF DEATH

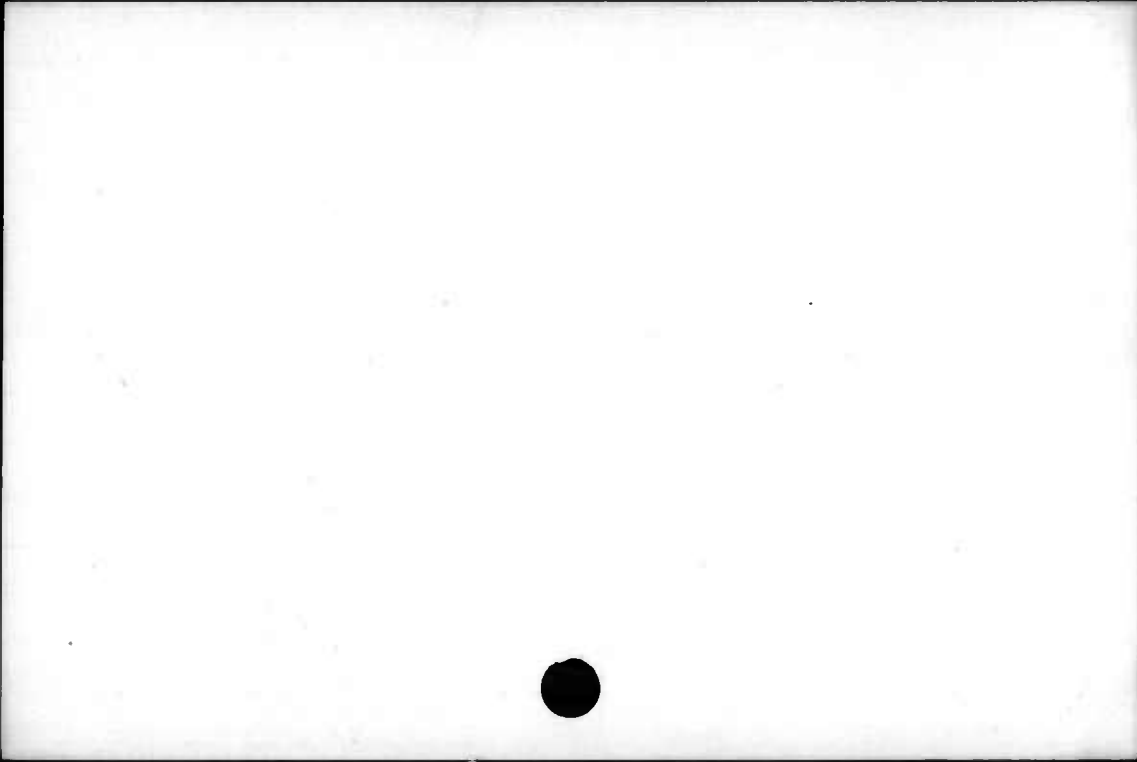
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cresale		County Somerset		MARYLAND	
Date of death 190	3	Month June	Day 16	Age Y-1	Years	Months	Days
Sex	Female		Color or Race	white		Birth- place	md
Married, Single or Widowed	Widowed			Occupation			
Name of Husband	Wm. Wm. Muir						
Father's Name	John Laird					Father's Birthplace	md
Mother's Maiden Name	Mary Dizer					Mother's Birthplace	"
Name of person giving Information	Wm. Rado					How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	6 mos
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	R. L. Thayer
			Address	Cresale P.O. md.
Accident or Suicide?	No			



Name  
in  
Full

Syntha Outen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Marion		County Somerset		MARYLAND		
Date of death 190	3	Month June	Day 24	Age 40	Years	Months	Days	
Sex	Female		Color or Race	Colored		Birth- place	Somerset Co Md	
Married, Single or Widowed	Married		Occupation		Housekeeper			
Name of Wife or Husband		Isaac Outen						
Father's Name		Elisha Starsey				Father's Birthplace		Somerset Co Md
Mother's Maiden Name		<del>Syntha</del> Margaret White				Mother's Birthplace		" " "
Name of person giving Information		Elisha Starsey Jr				How related to deceased		Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever		How long	3 weeks
Immediate	Brain		How long	15 minutes
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			J. H. White minister	
			Address Marion Sta.	
Accident or Suicide?				



Name  
in  
Full

Williard Reynold

## CERTIFICATE OF DEATH

Died at

Levinfield

Town

County

Somerset

MARYLAND

Date

of death 190

3

Month

6

Day

6

Age

Years

4

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Crisfield.

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

John Reynold

Father's  
BirthplaceMother's  
Maiden Name

Lydia Johnson

Mother's  
Birthplace

Crisfield

Name of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

Measles

How long

2 Weeks

Immediate

Broncho Pneumonia

How long

1 Week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

G. L. Simonson  
Crisfield, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Andrew G. Sterling

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

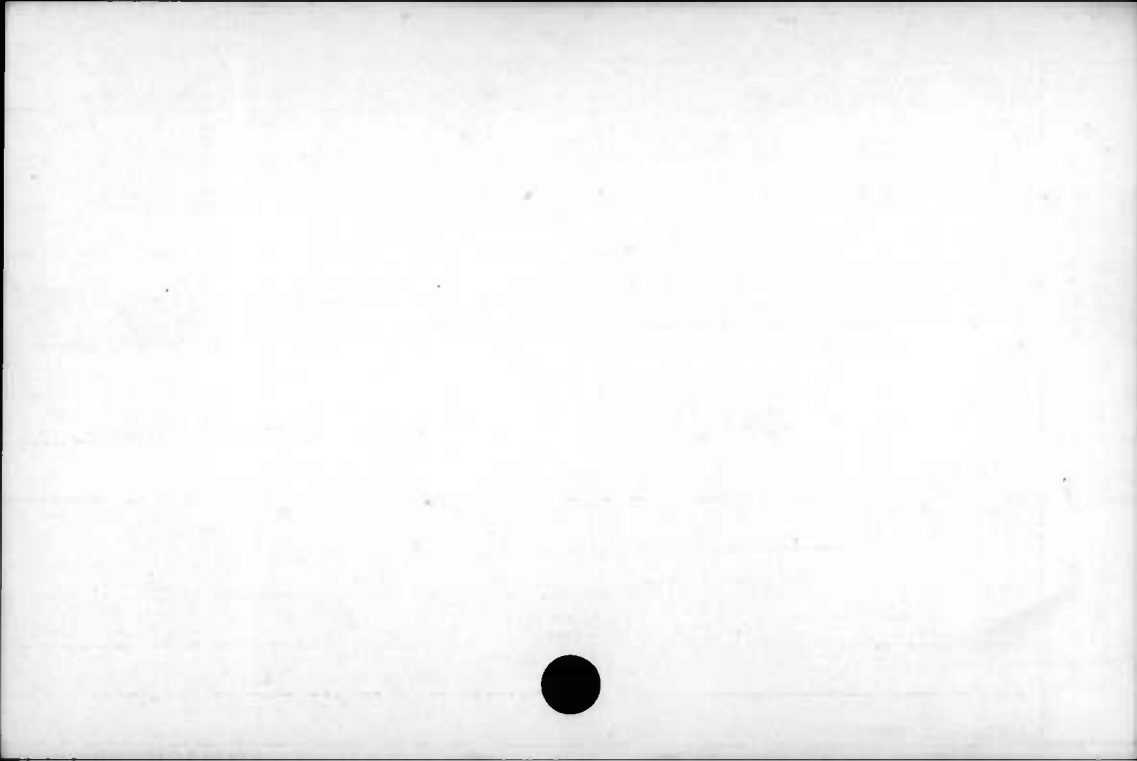
MARYLAND

Died at		Town Lawsonia		County Somerset			
Date of death 190		3.	Month June	Day 6	Age 61	Years 4	Months Days
Sex male		Color or Race white		Birth- place Lawsonia			
Married, Single or Widowed Married		Occupation Cyclorman					
Name of Wife or Husband Virginia D Sterling							
Father's Name Noah Sterling		Father's Birthplace Lawsonia					
Mother's Maiden Name Mary Sterling		Mother's Birthplace Lawsonia					
Name of person giving Information Virginia D Sterling		How related to deceased wife					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Consumption	How long	9 months
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. F. Hall M.D.	
Address		Brimfield Md	
Accident or Suicide?		no	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>1</i>	Age <i>White</i>	Years	Months <i>8</i>	Days <i>7</i>	
Sex <i>Female</i>	Color or Race		<i>White</i>		Birth- place	<i>Crisfield</i>	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Enteric Colitis</i>	How long	<i>105</i>
Immediate	<i>Brunnoma</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. F. Somers</i>
		Address	<i>2nd Crisfield</i>
Accident or Suicide?	<i>No</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Daisy W Ward*

Died at *Crisfield* <sup>Town</sup> *Sumner* <sup>County</sup> **MARYLAND**

Date of death 1903 *June* <sup>Month</sup> *8* <sup>Day</sup> Age *21* <sup>Years</sup> *8* <sup>Months</sup> *10* <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Crisfield*

Married, Single or Widowed *Single* Occupation *Housework*

Name of Wife or Husband

Father's Name *Noah I Ward* Father's Birthplace *Crisfield*

Mother's Maiden Name *Louise Somner* Mother's Birthplace *Crisfield*

Name of person giving information *Noah Ward Jr* How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Measels + Bronchitis* How long *3 Max*

Immediate *Pulmonary Tuberculosis* How long *15 Max*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Clarence E Collins*

Address *Crisfield*

Accident or Suicide? *—*



Name in Full

Certificate of Death

Elen Wilson

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

03

6 6

Age 71

Somerst

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

~~Primary~~

Death

Immediate

How long sick

2 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

~~Attended by Dr.~~

of

~~Seen by Coroner~~

of